Senator Allen M. Christensen proposes the following substitute bill:

(1) A Medicaid drug program developed by the department under Subsection 26-18-2.3



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26	(2)(f):
_0	(4)(1)

- (a) shall, notwithstanding Subsection 26-18-2.3(1)(b), be based on clinical and cost-related factors which include medical necessity as determined by a provider in accordance with administrative rules established by the Drug Utilization Review Board;
- (b) may include therapeutic categories of drugs that may be exempted from the drug program;
- (c) may include placing some drugs[, except psychotropic or anti-psychotic drugs,] on a preferred drug list to the extent determined appropriate by the department; and
- (d) (i) except as prohibited by Subsections 58-17b-606(4) and (5), shall permit a health care provider with prescriptive authority to override the restrictions of a preferred drug list provided that the medical necessity for the override is documented in the patient's medical file and by handwriting on the prescription "medically necessary dispense as written"; and
- (ii) shall not permit a health care provider with prescriptive authority to override the restrictions of a preferred drug list with any preprinted instructions for dispense as written, or no substitutions allowed.
- (2) If the department implements a drug program under the provisions of Subsection (1)(c), the department shall:
- (a) determine the percentage of prescriptions that are paid for by the department which are overrides to the preferred drug list under Subsection (1)(d)(i);
- (b) include the information required by Subsection (2)(a) in the report required by Subsection (2)(c); and
- (c) report its findings regarding the drug program to the Legislative Health and Human Services Interim Committee by August 30, 2008, and to the Legislative Health and Human Services Appropriations Subcommittee during the 2009 General Session.
- (3) (a) In addition to the over-ride of the preferred drug list permitted by Subsection (1)(d), the department shall permit an over-ride of the preferred drug list for the drug categories listed in Subsection (3)(b) when:
- (i) the drug is prescribed for a mental illness or mental disorder that is included in the most recent edition of the Diagnostic Statistical Manual of Mental Disorders; and
- (ii) the prescribing practitioner includes on the prescription the appropriate ICD-9 or
 ICD-10 code for the patient's mental illness or mental disorder.

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57	(b) The following drug categories are subject to Subsection (3)(a):
58	(i) typical or atypical anti-psychotic;
59	(ii) an anti-depressant;
60	(iii) an anti-convulsant;
61	(iv) an anti-anxiety drug;
62	(v) a mood stabilizer; and
63	(vi) a stimulant.

S.B. 197 1st Sub. (Green) - Preferred Drug List Revisions

Fiscal Note

2008 General Session State of Utah

State Impact

Enactment of this legislation may result in savings of up to \$460,600 General Fund and \$1,124,400 Federal Funds in FY 2009 (\$1,585,000 total). In FY 2010 savings may be as high as \$921,200 General Fund and \$2,248,800 Federal Funds (\$3,170,000 total).

	FY 2008	FY 2009	FY 2010	FY 2008	FY 2009	FY 2010
	Approp.	Approp.	Approp.	Revenue	Revenue	Revenue
General Fund	\$0	(\$921,200)	(\$921,200)		0.2	\$0
General Fund, One-Time	\$0	\$460,600	\$0		\$0	\$0
Federal Funds	\$0	(\$1,124,400)	(\$2,248,800)	\$0	\$0	\$0
Total	\$0	(\$1,585,000)	(\$3,170,000)	\$0		20
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Individual, Business and/or Local Impact

Enactment of this bill likely will not result in direct, measurable costs and/or benefits for individuals, businesses, or local governments.

2/29/2008, 11:33:39 AM, Lead Analyst: Frandsen, R.

Office of the Legislative Fiscal Analyst